

PERSONAL DATA SHEET

Print legibly. Mark appropriate boxes ☐ with " " and use separate sheet if necessary.

1. CS ID No.

(to be filled up by CSC)

I. PERSONAL INFORMATION

2. SURNAME	BIORELA			
FIRST NAME	CLEMENTE			
MIDDLE NAME	ABIRQUINEZ		3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	11 / 14 / 1959		16. RESIDENTIAL ADDRESS	
5. PLACE OF BIRTH	SAN AGUSTIN		BRGY San Agustin Baybay Leyte City	
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		ZIP CODE	
7. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____		6521	
8. CITIZENSHIP	FILIPINO		17. TELEPHONE NO.	
9. HEIGHT (m)	52"		18. PERMANENT ADDRESS	
10. WEIGHT (kg)	50 14		BRGY. San Agustin Baybay Leyte City	
11. BLOOD TYPE	A		ZIP CODE	
12. GSIS ID NO.	CRN-021-1110-7369-5		6521	
13. PAG-IBIG ID NO.	1700-0024-3470		19. TELEPHONE NO.	
14. PHILHEALTH NO.	13-000077213-6		20. E-MAIL ADDRESS (if any)	
15. SSS NO.	06-1379902-5		21. CELLPHONE NO. (if any)	
			22. AGENCY EMPLOYEE NO.	
			23. TIN	
			158-020-91-0	

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	ABABAT	25. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	DELIA	MARICHA BORELA	8 / 1 / 85
MIDDLE NAME	RECAÑA	CLEMENTINO BORELA JR.	2 / 8 / 87
OCCUPATION	HOUSE WIFE	RONDELLE ODIN BORELA	7 / 13 / 92
EMPLOYER/BUS. NAME		OFHELIA BORELA	6 / 27 / 98
BUSINESS ADDRESS		CLYDEL JAY BORELA	7 / 19 / 2001
TELEPHONE NO.		CLYMDEL JAN BORELA	9 / 19 / 2006
	(Continue on separate sheet if necessary)	JADE AHRON BORELA	7 / 07 / 2009
26. FATHER'S SURNAME	BORELA		/ /
FIRST NAME	AQUINO		/ /
MIDDLE NAME	BULACAN		/ /
27. MOTHER'S MAIDEN NAME			/ /
SURNAME	ABARQUEZ		/ /
FIRST NAME	GUADALUPE		/ /
MIDDLE NAME	SANCHEZ		(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

28. LEVEL	NAME OF SCHOOL (Write in full)	DEGREE COURSE (Write in full)	YEAR GRADUATED (if graduated)	HIGHEST GRADE/ LEVEL/ UNITS EARNED (if not graduated)	INCLUSIVE DATES OF ATTENDANCE		SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
					From	To	
ELEMENTARY	SAN AGUSTIN				1971	1977	
SECONDARY	BAYBAY HIGH SCHOOL				1977	1980	
VOCATIONAL / TRADE COURSE	MANPOWER & TESDA				1984 1997	1987 2004	
COLLEGE							
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

IV. CIVIL SERVICE ELIGIBILITY					
29. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE	RATING	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	DATE OF RELEASE
TESDA / automotive mechanic	74.90	3-6-97	PEO, MAASIN SO. LEYTE	26080288	8-19-2009

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE (Include private employment. Start from your current work)							
30. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full)	MONTHLY SALARY	SALARY GRADE & STEP INCREMENT (Format "00-0")	STATUS OF APPOINTMENT	GOVT SERVICE (Yes / No)
From	To						
1/1/80	2/19/82	Electrician	PPO			Contractual	/
2/19/82	3/19/85	Electrician	P10			"	
1/19/99	12/1/99	Utility Driver mechan.	CeTZ			"	Private
/ /	/ 2007	Electrician	PPO			CASUAL	/
/ /	/ 2010		1 LFM0			Regular	/
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(Continue on separate sheet if necessary)

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

31.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
		/ /	/ /		
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(Continue on separate sheet if necessary)

VII. TRAINING PROGRAMS (Start from the most recent training.)

32.	TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
		From	To		
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(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

33.	SPECIAL SKILLS / HOBBIES:	34.	NON-ACADEMIC DISTINCTIONS / RECOGNITION: (Write in full)	35.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)

(Continue on separate sheet if necessary)

<p>36. Are you related by consanguinity or affinity to any of the following :</p> <p>a. Within the third degree (for National Government Employees): appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed?</p> <p>b. Within the fourth degree (for Local Government Employees): appointing authority or recommending authority where you will be appointed?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ _____ _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ _____ _____</p>
<p>37 a. Have you ever been formally charged?</p> <p>b. Have you ever been guilty of any administrative offense?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ _____ _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ _____ _____</p>
<p>38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ _____ _____</p>
<p>39. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract, AWOL or phased out, in the public or private sector?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ _____ _____</p>
<p>40. Have you ever been a candidate in a national or local election (except Barangay election)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ _____ _____</p>
<p>41. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you differently abled?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____</p>

42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)

NAME	ADDRESS	TEL. NO.
LIGARIO RAMOS	Barangay GUADALUPE	

43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

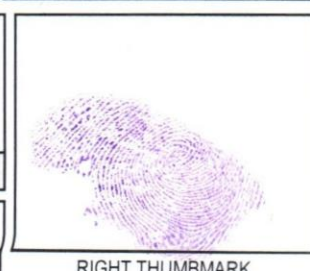
I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.



PHOTO

CC12015 01050723
COMMUNITY TAX CERTIFICATE NO.
BAYBAYE CITY LEYTE
ISSUED AT
7 / 20 / 15
ISSUED ON (mm/dd/yyyy)

SIGNATURE (Sign inside the box)
<p>9-14-2015</p>
DATE ACCOMPLISHED



RIGHT THUMBMARK